

# Tobacco



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## An Innovative Approach to Reducing Smoking on College Campuses

### Public Health Problem

Tobacco use is a significant problem on college campuses and consequently impacts young adult initiation and use. College is a time in a young person's life that is crucial to whether or not tobacco use becomes an established behavior or is abandoned. College campuses provide an opportune setting for interventions that help young adults make healthful decisions about tobacco use. Among college-age students surveyed at Southern Illinois University at Carbondale (SIU-C), an estimated 35.6 percent of males and 35.3 percent of females were current cigarette smokers.

### Taking Action

Over the past few years, the Illinois Department of Public Health has used CDC and state Master Settlement Agreement funding to fund the Live Free! Tobacco Free college campus project developed at SIU-C. The Live Free! project involves engaging college students in comprehensive initiatives to establish smoke-free campuses and to develop and implement tobacco prevention and education strategies. The campus-wide collaboration at SIU-C to develop a comprehensive strategy for combating tobacco use in higher education began in spring 2001. CDC worked closely with the program to ensure that it incorporated a comprehensive approach in the intervention. CDC provided statewide training on the Guide to Community Preventive Services recommendations, and also included a review of the Guidelines for School Health Programs to Prevent Tobacco Use and Addiction. These documents will serve as resources to guide their multi-component initiative. The project was developed as a model that may be adopted by other universities in the state of Illinois and beyond. A full media campaign was initiated in 2002, including print, radio, and Web components. In spring 2003, an advocacy campaign was added to capitalize on the student support of campus policies that support a healthy environment in which students learn and live. A Web site was created to encourage advocacy, provide information, and link the university community to available cessation options.

### Implications and Impact

Beginning with the 2004 fall semester, smoking is not permitted within 25 feet of entrances to all university buildings and is not allowed in any of the residence halls at SIU-C. Simultaneously, the student center stopped selling tobacco products. Cessation services are now offered to students through SIU-C student health programs and dental care providers and through the community. To date, seven state universities have expressed interest in Live Free! training, and project staff are collaborating with the Illinois Lung Association of Metropolitan Chicago as well as the Cook County Health Department to offer the training to suburban Chicago junior colleges. Live Free! project staff completed development of a tobacco prevention and control curriculum for university-level health education classes.

### Contact Information

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## Evaluating the Impact of Clean Indoor Air Laws

### Public Health Problem

Secondhand smoke exposure poses serious health risks to nonsmokers. Recent studies suggest that even short-term exposures, such as those experienced by patrons in restaurants or bars that allow smoking, may increase the risk of a heart attack. Studies have found that restaurant and bar workers are less likely than other workers to be protected by smoke-free workplace policies and more likely to be exposed to high levels of secondhand smoke on the job. The Surgeon General has concluded that smoke-free policies are the most effective method for reducing secondhand smoke exposure. A Healthy People 2010 objective calls for the adoption of state clean indoor laws in workplaces and public places.

### Taking Action

In 2003, both the state and the city of New York implemented comprehensive clean indoor air laws, making most enclosed workplaces and public places, including restaurants and bars, smoke free. Both the state and the city have conducted thorough, systematic evaluations of the impact of these laws.

The evaluations found that both the state and city laws are highly popular; that most restaurants, bars, and other workplaces are complying with their provisions; that air quality in hospitality venues has improved substantially since the laws took effect; and that worker secondhand smoke exposure has fallen sharply. The findings regarding improved air quality and reduced secondhand smoke exposure would be expected to translate into reduced rates of health conditions associated with this exposure. New York City has reported a sharp reduction in adult smoking prevalence since its law took effect, although other factors, including an increase in the cigarette excise tax, a media/public education campaign, and cessation initiatives, likely also contributed to this outcome. Finally, the evaluations have found that the laws have not harmed restaurant and bar business, as measured by business tax receipts, employment, and the number of liquor licenses issued. A recent study in MMWR reported that the level of particulate matter fell sharply in a number of hospitality venues in western New York after the state law was implemented.

### Implications and Impact

The findings of these evaluations add to the evidence that smoke-free policies in workplaces and public places protect nonsmoking employees and patrons from the health risks posed by secondhand smoke without causing a decline in restaurant and bar business. CDC provided technical assistance to the New York state program as it planned its evaluation and worked with the program to disseminate its evaluation methods and findings. The extensive range of approaches being used to assess the impact of these laws provides a menu for other states and communities.

### Contact Information

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 Room 710 Corning Tower, Albany, NY 12237  
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## A Collaborative Approach to Comprehensive Tobacco Use Prevention and Control Programs

### Public Health Problem

The cultural and religious climate of Utah is very supportive of tobacco control. This coupled with a comprehensive tobacco control program has made Utah the first state in the country to meet the national Healthy People 2010 goal of decreasing adult smoking to less than 12 percent of the population. However, Utah residents with low incomes and fewer years of formal education continue to have significantly higher rates of tobacco use compared to the general population, as do Hispanic men, African Americans, American Indians, and Pacific Islanders. A broad-based, long-term commitment to tobacco control is necessary to ensure that these populations fully share in the health benefits that Utah is reaping from a decline in tobacco use, and to sustain that decline over time.

### Taking Action

The Utah Tobacco Prevention and Control Program is relatively well-funded by the standard of other states. According to the Campaign for Tobacco-Free Kids, it is allocating \$7 million to tobacco control activities in Fiscal Year 2005, just under half the minimum funding level recommended in CDC's Best Practices for Comprehensive Tobacco Control Programs. This ranks Utah 14th among states in this regard, according to the Campaign.

The Program is implementing sophisticated cessation initiatives, including a state quit line and a media campaign that promotes this service; efforts to increase insurance coverage and reimbursement for effective cessation treatment services; and partnerships with a number of public and private sector organizations, including organizations that are in a position to increase the access that underserved population groups such as Medicaid clients have to cessation services. The Program has also developed an innovative media campaign that uses a variety of channels to communicate key messages on several different tobacco topics to a range of audiences.

### Implications and Impact

According to BRFSS data for 2002, Utah has the lowest rate of any state for overall adult prevalence (12.7 percent), prevalence among men (14.2 percent), and prevalence among women (11.3 percent), and the highest proportion of everyday smokers who had tried to quit in the past year (66.2 percent). The efforts of the Tobacco Prevention and Control program toward implementing science-based, policy-focused strategies to reach culturally diverse communities have begun to show results. These efforts reached more than 2,000 individuals. Additionally, the Tobacco Prevention and Control Program has partnered with Medicaid and the Association for Utah Community Health to offer enhanced cessation services and medications to more than 2,400 uninsured or Medicaid-insured individuals.

### Contact Information

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# Washington, D.C.

## Developing and Implementing a Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities

### Public Health Problem

Washington state Behavioral Risk Factor Surveillance Study (BRFSS) data reveal that cigarette smoking rates in various racial/ethnic populations are significantly higher than the state average. Estimates are also higher among low-socioeconomic populations, in rural communities, and for certain other groups. These groups have poor access to health care and other resources.

### Taking Action

Using state and CDC funding, the Washington State Department of Health convened an advisory committee called the Cross Cultural Workgroup on Tobacco. This committee comprises community-based organizations from diverse communities who came together to develop a statewide strategic plan to identify and address tobacco-related health disparities. The planning was supported through technical assistance and training from OSH. The plan has resulted in the implementation of several significant activities.

Basic and advanced cultural competency training is now required of all tobacco prevention and control program community contractors in 2005, and "cultural competency" has been added as a guiding principle for the overall tobacco prevention and control program to ensure that programs address the needs of priority communities. Funds totaling \$1 million were allocated to five minority communities, including African- American, Asian- American/Pacific Islander, Hispanic/Latino, urban Indian, and lesbian/gay/bisexual/transgender communities. The funds will enable these communities to plan, implement, and evaluate culturally appropriate activities for each community.

Training has been provided to Washington's Medical Support Services and Women Infants and Children staff statewide in support of an intervention to increase cessation among poor pregnant women. Funding has been increased to support 27 of 29 federally recognized tribes across the state to assess tribal capacity and needs and to develop tribe-specific media and policy materials, training, and technical assistance. And, for the first time, state 2003 BRFSS completed oversampling of adult respondents in African-American, Asian-American/Pacific Islander, Hispanic/Latino, and American Indian/Alaska Native communities and added a question related to sexual orientation.

### Implications and Impact

Funding and support given to the tribes and the five community-based contractors appears to be greatly increasing the capacity of these communities to plan and address tobacco as a priority issue. Funding and support is also generating new partnerships between these communities and local public health and school-based efforts.

### Contact Information

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# West Virginia



## A Comprehensive Approach to Reducing Youth Tobacco Use Rates

### Public Health Problem

West Virginia has long held the unenviable position of consistently ranking among the top five states in the country for youth smoking. As recently as 1999, the cigarette smoking prevalence for youth in this state was 42.2 percent.

### Taking Action

West Virginia's Tobacco Prevention Program has implemented a comprehensive approach to reduce youth tobacco use. The youth prevention program includes the implementation of a targeted mass media campaign; involvement of youth in RAZE (their statewide, teen-led, teen-implemented anti-tobacco movement); implementation of CDC's School Health Guidelines; enforcement of tobacco-free school grounds policies; passage of excise tax increase from 38 cents to 55 cents; and offering youth the opportunity to participate in the cessation program, N.O.T. on Tobacco. West Virginia has strengthened its partnerships with the state Department of Education, the Prevention Research Center at the University of West Virginia, and the American Lung Association.

### Implications and Impact

Cigarette smoking prevalence among high school students in West Virginia decreased from 42.2 percent in 1999 to 28.5 percent in 2003, which represented a statistically significant relative decline of 32.5 percent. This decline translates into 37,779 fewer youth who smoked than in 1999, and it is estimated that this decline will save an estimated \$680 million in lifetime health care costs.

### Contact Information

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